(ग) क्या विश्व बैंक की सहायता से उत्तर प्रदेश में नए अस्पताल/डिस्पेन्सरियां खोलने का कोई प्रस्ताव है; और

(घ) यदि हां, तो तत्संबंधी ब्यौरा क्या है ?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी० शंकरानंद) : (क) से (घ) सूचना एकत्र की जा रही है और सदन के पटल पर रख दी जाएगी ।

Blue print in Medical Colleges

3942. SHRI N. GIRI PRASAD : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether the Indian Medical Council (IMC) has prepared a blue print on the system of payment seats in medical colleges: and

(b) if so, what are the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) and (b) Sub-committee of the Medical Council of India had made a proposal for the determination of the fee structure for payment seats in private medical colleges. Govt. have asked the MCI to reformulate their proposals keeping in view all aspects of the matter.

Nationwide Survey of Food Contaminates conducted by the I.C.M.

3943. SHRIMATI KAMLA SINHA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that a recent nationwide survey of food contaminates conducted by the Indian Council of Medical Research has revealed the unacceptably high levels of arsenic cadmium and lead in commercial brands of infant formula;

(b) if so, whether Government are aware of the fact that infants dependent upon formula food are at more than permissible risk due to arsonic cadmium and lead contamination;

(c) whether Government are aware of the serious risks to life and health faced by infants; and

(d) if so, what steps Government propose to take to ensure that commercial infant formula is not contaminated by such metals ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) to (d) The Indian Council of Medical Research (ICMR) have reported that they have undertaken a multi-centric study on "Surveillance of Food Contaminants in India." Commercial brands of infant food formula was one of the commodities studies.

Although the study indicates higher levels of arsenic cadmium and lead in infant food products as compared to the limit prescribed by WHO, it has been recommended that the contamination needs to be assessed in a critical and comprehensive manner keeping in view the raw material and type of packagings used.

It has further been recommended that statutory limits be prescribed under the Prevention of Food Adulteration Act to ensure marketing of quality infant food products. Necessary action is being taken in this regard.

Busting of a racket involved in Sale of Outdated Scalp Vein Sets

3944. SHRI PRAVAT KUMAR SAMANTARAY : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government are aware of the busting of a racket involving repacking of outdated scalp vein sets used for blood or glucose transfusion and selling these to hospitals; and

(b) if so, what action Government contemplates against the persons involved in the trade to check this onslaught against humanity ?

THE MINISTER OF HEALTH AND FAMILY WELFARE : (SHRI B. SHANKARANAND) : (a) and (b) The information is being collected and will be laid on the table of the Sabha.

Blind Persons in the country

3945. SHRI SHIV PRATAP MISHRA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the number of blind persons in the rural and the urban areas in the country and its percentage till date; and

(b) the causes of blindness and steps taken by Government to get rid of this problem ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) The NPCB-WHO Survey 1986-89 has shown that the prevalence rate of blindness per 10,000 population is 101 in urban and 163 in rural areas. This represents 82.34% of the blind people being in rural areas and 17.66% in urban areas.

(b) The main causes of blindness as brought out by the survey are :

	(%)
1. Cataract	80.1
2. Refractive Errors	7.35
3. Glaucoma	1.70
4. Central Corneal Opacity	1.52
5. Trachoma	0.39
6. Others	8.94

Under the National Programme for Control of Blindness, strengthening of the Opthalmic infrastructure and establishment of District Blindness Societies and Mobile Units to facilitate Eye camps has been taken up. The Financial outlays for the Centrally sponsored Blindness Control Programme have been increased substantially. The World Bank has also been approached for assistance to support the project for the control of blindness in the 7 States of the country.

Timings of C.G.H.S. Dispensaries

3946. SHRI SYED SIBTEY RAZI : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Dispensaries under CGHS have different working timings:

(b) if so, the details thereof separately for Ayurvedic, Homoeopathic and Allopathic;

(c) whether these working timings are being observed on all Saturdays:

(d) whether some services being provided to C.G.H.S. beneficiaries during 1.00 P.M. to 7.00 P.M. has since been discontinued;

(e) if so, the reasons therefor;

(f) whether Government propose to revive evening service in some selected Dispensaries grouping one to three dispensaries; and

(g) if so, the details thereof and if not, the reasons therefore ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) Yes, Sir.

(b) **Allopathic**

7.30 A.M.to 1.30 P.M. (all dispensaries)
1.30 P.M. to 7.30 A.M. (only in functioning dispensaries)

Homoeopathic

7.30 A.M. to 1.30 P.M.

Ayurvedic

7.30 A.M. to 1.30 P.M.

(c) Yes. Sir.

(d) and (e) Afternoon services during 1.30 P.M. to 7.30 P.M. are being provided to CGHS beneficiaries in multi-shift dispensaries and the nearby single-shift dispensaries are attached to the multi-shift dispensaries for afternoon services. It was done due to change in working hours of male doctors who are doing night duties.

(f) and (e) Proposal for providing afternoon services in 42 C.G.H.S. multi-shift dispensaries by abolishing night duties is under consideration.

Purchasing of Medicine from Super Bazar by CGHS

3947. SHRI MOHAMMED AFZAL *alias* MEEM AFZAL :
SHRI RAM DEO BHANDARI :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that CGHS had been purchasing medicines from Super Bazar in bulk quantities also; if so, the reasons therefor;

(b) how much purchases were made during last five years;

(c) whether it is a fact that CGHS observed the prices charged by the Super Bazar were exorbitantly higher than the price at which these medicines are being purchased by Government Medical Supply Depot and on this account the department had stopped purchase from Super Bazar, the reasons therefor;

(d) whether it is also a fact that mostly the product or of little known company who are exempted from the Drugs Price Control Order were supplied by Super Bazar at exorbitant prices, the reasons therefor; and

(e) whether Government propose to refer such cases for further investigations by agencies, if not, the reasons thereof ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) CGHS had been purchasing these medicines from Super Bazar as were not supplied by Medical Store Organisation.

(b) 1987-88 to 1991-92 Rs. 23,94,91,102.00 (upto December, 10, 1992).

(c) The prices charged by Super Bazar were higher as it was functioning as a retailer and not